Greetings and thanks for reading the Next Level Newsletter, Volume II, Issue IX. The first newsletter written entirely on my new laptop in my living room while watching TV. And you thought I couldn't multitask.

Straight to athlete news:

- Matt Thibodeau wins the Skinnyman Triathlon
- Paul Menegazzi takes 3rd AG at the Crystal River Sprint #3
- Jerry Gisclair takes 5th AG at the Tugaloo Olympic Triathlon
- Jeff Brady takes 2nd AG while Stephen Medeiros drops 10 minutes at the OUC Downtown Orlando Triathlon
- Christy Ertel and Melissa Hall conquer their first half-IM, Bri Gaal takes 7th OA, and Coach Marty takes 4th OA at the Duke Liver Center Half

Richard's Run for Life
I know you've all probably been reaching into your wallets to help out with the Hurricane efforts, but there's another cause I'd sure appreciate your help with. Please click here to read about Richard's Run for Life and how you can help fight cancer and keep me fired up at the Ironman World Championships on October 15.

YMCA Swimming:
Still going strong. Need some stroke technique work? Need a bit of motivation? Come on out and meet some fellow triathletes, get your swims in, and have some fun while at it. Read about it here.

Injury Corner
Courtesy of OSB athlete and orthopedic surgeon Dr. Sean McFadden

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Iliotibial band syndrome

Definition

The Iliotibial band (ITB) is a fibrous structure that runs from the pelvis along the outside of the leg passes along the lateral aspect of the knee and inserts below the knee on the lateral aspect of the tibia. ITB syndrome is caused by excessive friction between the ITB and the lateral femoral condyle (of the knee). This condition is common in runners and cyclists.

Causes

The ITB passes over the lateral femoral condyle as the knee straightens (extends) and bends (flexes). In extension the ITB lies anterior (above) the lateral femoral condyle. In flexion the ITB lies below the femoral condyle. As the knee bends beyond 30 degrees the ITB passes over the lateral femoral condyle (zone of impingement) this motion over the lateral femoral condyle will cause friction and pain. In runners, The ITB is active during the first 35% of stance phase, soon after foot strike. This is the reason why ITB syndrome occurs more often in runners training on hills then in sprinters. When running down hill the knee is ***less*** flexed at footstrike: thus the ITB spends more time in the impingement zone.

Other factors that might result in ITB syndrome are excessive foot pronation, being "knock kneed", prominent lateral femoral condyle, and a long leg. Other factors include sudden increase in mileage or intensity. In cyclists, internal rotation of the cleat or a seat that might be too high can also cause ITB syndrome.

Diagnosis

Athletes will complain of pain on the lateral aspect (the outside) of the knee. Initially pain will develop only after a long run. Pain is exacerbated while running on banked surfaces or on hills. The pain will be worst during heel strike.

On examination, there is localized tenderness over the lateral part of the knee. Swelling may also be present. Pain can also be reproduced by the compression test. This test requires the physician to place his thumb over the lateral part of the knee while the athlete bends and straightens the knee. A positive test occurs when there is pain at 30 degrees of flexion.

Treatment

Treatment will consist of modification of the initiating factors and reducing inflamation. This may include warming up and down, decreasing the duration of training, altering speed and stride, avoiding hills. Cyclists should consider altering the seat height or the cleat orientation.

Symptomatic relief consists of ice, rest, anti-inflammatory medications (celebrex and motrin), and stretching. In chronic cases therapy would be of a significant benefit. Of course patience is required; this could take 4-6 weeks to improve.

If you have ITB syndrome or any other sport related problems feel free to make an appointment with Dr. McFadden at Atlas Orthopedics and Sports medicine.

A few random tips:

→Change your running shoes out every 3-400 miles.
→Check your bike cleats for excessive wear.
→Change your tires before they're worn down to the tread.
→If you want to swim fast, you need to swim often.
→Don't be afraid to eat protein and carbs after your workouts.
→Wear your helmets!

Ironman Hawaii update:

Training has been going pretty well. Bri and I are looking forward to our first visit to Hawaii. Our goal is to enjoy the atmosphere, have some fun, and throw a triathlon in the middle. A really, really famous and difficult triathlon!

As always there's more, but I'm already a week late with this thing. Be safe, have fun!

Enjoy your sport,

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